PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

660876

CLAIMS AS FILED - PART I						(Calvinia 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
			(Column 1)		(Column 2)					Γ.	RATE	FEE	
TC	TAL CLAIMS						R	ATE	FEE	-			
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		×	\$ 9=	·	OR	XS18=	<u>. </u>	
INDEPENDENT CLAIMS			minus 3 =		*		×	(43=		OR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT	:				145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0						olumn 2	T(TAL	·	OR	TOTAL		
CLAIMS AS AMENDED - PART II										(DID)	OTHER SMALL		
(Column 1)			(Colur				, SI	MALLE		OR I	SWALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESEUT CXTRA	RATE		ADDI TIONAL FEE		RATE	ADDI TIONAL FEE	
	Total	- 18	Minus	4	/	2	×	\$ - 9	_	OR	X\$18=		
	Independent	. 8	Minus		2		×	(43-		OR	X86=		
٩	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN.	T CLAIM		. +	145=		OR_	+290=		
										OR	TOTAL ADDIT: FEE		
ADDIT FEE L												1	
		.(Column 1) CLAIMS	T .		HEST	Colonino	7 —		ADDI			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	ABER JOUSU: J. FOR	PRESENT	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		-		(S.9)		OR	X\$18-	Canal	
Ä	Inaependent	*	Minus	***		=		X43=		OR	X86=		
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1		1	
								145=		.JOR	TOTA	<u> </u>	
	ADDIT FEEL ADDIT FEEL									JOR	-ADDIT FEI	ĒL	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	AUÜI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	1	OF	X\$18=		
	Independent	*	Minus	***		-	_ ` _	X43=		OF	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OF	+290=		
• If the entry in column 1 is less than the entry in column 2, write 10° in column 3.								TOTAL		OF	TOTA	AL .	
-	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												